

Internal M/WBE Waiver Request Form

Date: _____ Department: _____

Contact Name _____ Phone Number _____

Contract Name and Number (if applicable): _____

A waiver of the M/WBE participation requirement may be requested by the **Originating Department** at least 5 business days **prior** to advertisement or solicitation. In detail below, please explain your reason for requesting a waiver (attach RFP & supporting documentation as necessary). *As the requester, your signature is required at the bottom of this page.*

Final approval of the request will be made by the City Manager's Office.

Note: *As the requester, your signature is required in order to process this request.*

Required Requester's Signature

 **SIGN HERE**

This section is for M/WBE Office use only

Contact Name:

Phone Number:

The M/WBE Office supports the waiver request. Please submit any comments below.

1. The extraordinary and necessary requirements of the contract render application of the Program Elements infeasible or impractical. **Please explain in detail. (Attach supporting documentation as necessary)**

2. The nature of the goods or services being procured are excluded from the scope of this Program Plan.

Please check one of the exclusions below: (Attach supporting documentation as necessary)

- Contracts that are subject to the U.S. Department of Transportation Disadvantaged Business Enterprise Program;
- Sole Source: the required supplies or services are available from one responsible source
- Contracts for electricity or water and sewage services from a municipal utility district or governmental agency;
- Emergency contracts for goods or supplies;
- Contracts for the City's lease or purchase of real property where City is lessee or purchaser; and

3. Sufficient qualified M/WBEs providing the goods or services required by the contract are unavailable in the Relevant Market area of the project despite every reasonable attempt to locate them. **Please explain in detail the reason for the request: (Attach RFP & supporting documentation as necessary)**

- The M/WBE Office does not support the waiver request. Please explain in detail the reason for not supporting the request: (Attach supporting documentation as necessary)

REQUIRED MWBE Signature

This section is for CMO OFFICE USE ONLY

Name:

REQUIRED CMO Office Signature

- The CMO Office approves the waiver request
- The CMO Office does not approve the waiver request.

Date: